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Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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Longevity of American Physicians*

THE expectation of life for physicians in the United States is essentially the same as that for the general white population at the same ages, according to a study by the Metropolitan Life Insurance Company based upon the records of deaths among active and retired physicians in the files of the American Medical Association. The study covered the five-year period, 1938 to 1942, inclusive. The average male physician entering his profession at age 25 has 43½ years of life before him. This represents roughly the average professional career of a physician under current conditions of mortality. Upon reaching age 35, he still has, on the average, almost as many years remaining as he has already lived. At age 45, the average physician may expect to live an additional quarter century, and at 65, often regarded as retirement age, he may still look forward to almost 12 years of life. Women physicians start out with an advantage of 3½ years over the men at age 25, but this margin is reduced to less than 1½ years by age 65.

At the younger ages, physicians have a slightly greater expectation of life than white persons in the general population. It will be seen in Table 1, on page 2 for example, that at age 25 physicians have the better outlook by about one quarter of a year. However, this small advantage is lost even before midlife is reached. From age 35 onward, the prospective lifetime for physicians is somewhat less than that for white persons in the general population, but the differences are not significant.

The foregoing figures for expectation of life are derived from the mortality experience summarized in Table 2. This table relates only to males, who constituted 96 percent of the profession under study. Among all male physicians at ages 25 and over, the annual death rate was 20.5 per 1,000 during the period 1938-1942; that is, about 2 percent per annum. Considered with regard to age, the death rates advanced from 1.7 per 1,000 at ages 25 to 34 years to 10.8 at ages 45 to 54 years, and then to 129.1 at ages 75 and over.

Compared with white males of the same ages in the general population,

*This article is based upon the paper, "Longevity and Mortality of American Physicians, 1938-1942," by Louis I. Dublin and Mortimer Spiegelman, Journal of the American Medical Association, Vol. 134, page 1211, August 9, 1947.

TABLE 1—EXPECTATION OF LIFE FOR PHYSICIANS COMPARED WITH THAT FOR WHITE PERSONS IN THE GENERAL POPULATION OF THE UNITED STATES, 1938–1942; MEN AND WOMEN SEPARATELY

AGE	MEN		WOMEN	
	Physicians	United States White	Physicians	United States White
25	43.54	43.31	47.10	46.86
30	38.86	38.83	42.43	42.29
35	34.21	34.40	37.77	37.78
40	29.73	30.08	33.26	33.33
45	25.48	25.93	28.93	28.99
50	21.47	22.03	24.69	24.81
55	17.86	18.41	20.69	20.82
60	14.72	15.11	16.91	17.07
65	11.87	12.13	13.26	13.65
70	9.38	9.51	10.04	10.60
75	7.22	7.25	7.48	8.02
80	5.55	5.44	5.37	5.96

TABLE 2—ANNUAL DEATH RATES FROM ALL CAUSES FOR MALE PHYSICIANS COMPARED WITH WHITE MALES IN THE GENERAL POPULATION; UNITED STATES, 1938–1942

AGE GROUP	DEATH RATE PER 1,000		RATIO OF DEATH RATES: PHYSICIANS TO WHITE MALES
	Male Physicians	United States White Males*	
25 and over	20.5	20.2	1.02
25–34	1.7	2.8	0.61
35–44	4.0	4.9	.81
45–54	10.8	11.0	.98
55–64	26.9	24.2	1.11
65–74	53.0	50.5	1.05
75 and over	129.1	129.2	1.00

*The general population death rates have been adjusted on the basis of the age distribution of male physicians in 1940.

the entire body of male physicians at all ages 25 and over have the greater death rate by 2 percent. However, marked differences become evident for specific age periods. At ages 25 to 34, for example, the death rate for male physicians is only three fifths of that for white males of the same ages. This advantage of physicians wears off rapidly with advance in age. At ages 55 to 64, physicians have the higher rate by 11 percent, and at ages 65 to 74 by 5 percent. The death rates for the physicians and the general population are practically identical at ages 75 and over.

The more favorable record for physicians than for the general population at the younger ages may reflect two factors. In the first place, most of the young physicians are drawn from the better situated social-economic classes, which ordinarily experience lower death rates than the population as a whole. Secondly, with few exceptions, only those young people in good health can undertake and successfully complete the strenuous requirements of a modern medical education. As the years of practice go on, however, the effect of professional activities shows itself in death rates which first approach those of the general population, and toward the close of professional life, rise above them. Those physicians who survive into late life, where they experience about the same mortality as the general population, are presumably the hardier individuals, who may be benefiting from the advantages of an especially good heredity or a favorable environment, or both.

Fewer Motor Vehicle Deaths in First Half of 1947

THE motor vehicle accident record during the first half of 1947 is encouraging. Among the Industrial policyholders of the Metropolitan Life Insurance Company the death rate from this cause through June was 14.6 per 100,000 persons. This rate is seven percent below the figure for the first half of 1946, and nearly one fourth less than that for the same months of 1941. The reduction is gratifying because only a year ago considerable concern was felt over the rapidly mounting toll of motor vehicle fatalities. There were indications then that in the early postwar years deaths and injuries on our streets and highways would rise to unprecedented totals. The death rate among the insured in the first six months of 1946 rose 24 percent above that of the like period of 1945. In the last months of 1946, the tide turned.

As will be seen in the table on page 4, the reduction in the mortality so far this year as compared with the first half of 1946 was not shared by all age and sex groups of the policyholders. While the rate for white males at all ages combined dropped ten percent, the rate for white females was up seven percent. For both sexes, however, the current rate is well below that of the last prewar year, 1941.

Unlike 1946, when the death rate in the first six months at ages 20-24 showed a sharp increase over that in the previous year, the mortality among this group in the first six months of the current year was much lower than in the corresponding period of last year. The rate among white males at these ages was 23 percent less than in the corresponding period of 1946, and 18 percent lower than in the prewar year 1941. For white females in this age group the motor vehicle death rate was one fifth lower this year than last, and nearly one

DEATH RATES PER 100,000 FROM MOTOR VEHICLE ACCIDENTS. WHITE PERSONS BY SEX AND AGE PERIODS. FIRST SIX MONTHS OF 1947, 1946, 1945 AND 1941. METROPOLITAN LIFE INSURANCE COMPANY, WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS

AGE PERIOD (YEARS)	DEATH RATES PER 100,000				PERCENT CHANGE 1947 SINCE		
	1947	1946	1945	1941	1946	1945	1941
WHITE MALES							
All Ages	24.1	26.7	20.7	30.3	—10	+16	—20
Under 5	14.8	11.8	7.7	9.0	+25	+92	+64
5 to 9	13.0	11.3	12.2	18.4	+15	+ 7	—29
10 to 14	8.6	7.4	9.7	12.2	+16	—11	—30
15 to 19	26.7	25.8	18.6	22.7	+ 3	+44	+18
20 to 24	36.2	46.8	28.6	43.9	—23	+27	—18
25 to 34	22.4	28.3	24.7	29.4	—21	— 9	—24
35 to 44	19.0	25.1	18.1	36.1	—24	+ 5	—47
45 to 64	31.3	34.1	30.5	50.9	— 8	+ 3	—39
65 and over	68.0	82.3	47.4	100.5	—17	+43	—32
WHITE FEMALES							
All Ages	7.3	6.8	5.3	9.6	+ 7	+38	—24
Under 5	3.9	9.0	4.7	6.6	—57	—17	—41
5 to 9	7.1	7.6	8.9	8.7	— 7	—20	—18
10 to 14	4.5	*	3.0	3.2	*	+50	+41
15 to 19	9.0	5.4	4.9	8.4	+67	+84	+ 7
20 to 24	8.1	10.1	4.5	8.9	—20	+80	— 9
25 to 34	5.0	5.5	3.3	7.3	— 9	+52	—32
35 to 44	5.7	4.3	3.8	7.0	+33	+50	—19
45 to 64	8.6	7.8	5.9	14.1	+10	+46	—39
65 and over	15.3	15.3	11.8	27.8	0	+30	—45

*Number of deaths too small to give reliable ratios.

tenth below that in 1941. A year ago, returning young veterans, deprived so long of the opportunity to drive, and many of them with time on their hands, may have indulged in motoring more than ever before, and perhaps more recklessly. Today their driving habits are better and possibly they are doing less driving.

Favorable also is the trend in the motor vehicle death rate among old persons. So far this year, the rate among insured white men ages 65 and over is 17 percent less than in 1946 and close to one third below that in the like months of 1941. Last year it had increased about three fourths over 1945. While the rate among insured women ages 65 and over has shown no change in 1947 as compared with 1946, it had risen 30 percent between the first six months of 1946 and 1945. Their mortality is now 45 percent lower than in 1941.

One disturbing element in the motor vehicle record among the insured is the experience of white boys under 5 years of age. The rate among these boys has increased continuously since the end of the war and for the first six months of 1947

it was one fourth higher than in the similar period of 1946, and more than three fifths above the figure in 1941. This rise in the mortality from motor vehicle accidents among children of preschool ages clearly indicates that greater attention must be given during these postwar days of increased traffic and higher speeds of vehicles to the safety of young children on the streets. This is the more serious because the recent high birth rates have added a large number of children of preschool ages to our population. Every effort must be made to make parents realize more fully the dangers of unsupervised outdoor play of little children.

There is a strong indication that some of the improvement this year may be attributed to the President's Highway Safety Conference, in May 1946, and that this and subsequent sessions of the governmental and other agencies may have a continuing effect on the mortality in traffic accidents. This is very gratifying, but it cannot be repeated too often, that the active cooperation of the general public, whether as drivers or as pedestrians, is essential to the ultimate success of any program to reduce the country's annual motor vehicle toll.

Longer Life for Diabetics

THE modern treatment of diabetes is yielding large dividends in improved health and longevity for diabetic patients. Before insulin came into use, only a very rigorous diet, almost a starvation diet, enabled sufferers from the disease barely to sustain life. In particular, child diabetics, deprived of nourishment sufficient to maintain themselves, let alone to provide for normal growth, died off rapidly. The sharp contrast in the mortality and survival picture for diabetics before and since insulin is brought out in an analysis by the Statistical Bureau of the Metropolitan Life Insurance Company of the mortality experience among the many thousand diabetic patients of the George F. Baker Clinic of the New England Deaconess Hospital at Boston. This experience is typical of the results achieved by many clinical groups treating large numbers of diabetics.

As the table on page 6 shows, the first few years following the introduction of insulin brought radical declines in the death rate among diabetics at every age. At the younger ages these reductions were nothing less than spectacular. Thus at age 10, the death rate in 1922-1925 was 84 percent less than in the period 1914-1922. Further sharp gains have been made at every age down to the present, and as before, these have been relatively greatest at the younger ages. Thus, even between 1929-1938 and 1939-1945, the most recent of the periods into which the data are divided for comparison, the death rate at age 10 showed a decline of 43 percent, and at most ages under 45 the reduction

between these two recent periods exceeded 30 percent.

When the rates in the most recent years, 1939 to 1945, are compared with those prevailing before insulin, the revolution in the outlook for diabetics is even more sharply defined. At age 10, the recent rate is *99 percent less* than in 1914-1922. Reductions of 95 percent or more are found at all ages up to 30 and of 90 percent to 95 percent at ages 30 to 40. Even at age 60, the highest age shown in the table, the rate in 1939-1945 was 53 percent less than in 1914-1922. The contrasts are even greater when the recent rates are measured against those prevailing prior to 1914.

Figures for expectation of life of diabetics computed from the mortality rates observed among these patients of the George F. Baker Clinic likewise attest the very great improvement in the outlook for persons with the disease. The chart on page 7 shows the expectation of life at the selected ages of 10, 30, and 50 years, in successive periods before and since the discovery of insulin. Prior to 1914, the average 10-year-old diabetic child lived a little more than a year, and during 1914-1922 the expectation of life at age 10 was only a little higher—about 2½ years. The first years of insulin, 1922-1925, saw a gain of nearly 12 years, and marked increases have been recorded in every successive period. Even the most recent period, 1939–1945, shows a gain of a little more than 5 years in the expectation of life at this age over 1929-1938. Today, with an expectation of life of 45 years, the average diabetic child of 10 in this experience may expect

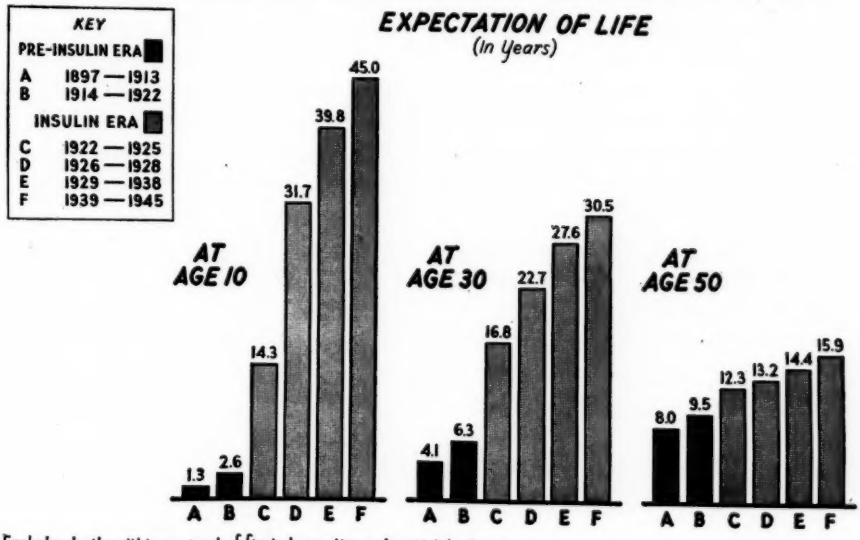
DEATH RATES PER 1,000 AT SPECIFIED AGES AMONG DIABETIC PATIENTS IN SUCCESSIVE PERIODS, 1897–1945: EXPERIENCE OF GEORGE F. BAKER CLINIC, BOSTON, MASS.

AGE	DEATH RATES PER 1,000					
	Preinsulin Era		Insulin Era			
	1897–1913	1914–1922	1922–1925	1926–1928	1929–1938	1939–1945
10	824.0	386.1	61.4	19.1	8.1	4.6
15	623.0	398.8	84.0	14.9	9.2	5.6
20	614.0	410.8	89.4	18.3	12.6	7.6
25	585.6	342.8	77.4	28.0	15.9	10.1
30	359.8	236.8	74.8	33.4	13.9	9.8
35	200.6	152.1	57.5	28.5	10.6	9.4
40	165.7	115.1	34.7	23.8	16.6	10.4
45	119.8	87.1	33.4	26.3	22.2	15.2
50	96.1	77.4	45.3	41.0	30.6	24.3
55	97.1	90.1	64.2	56.5	46.4	36.4
60	188.8	112.5	85.2	70.1	66.6	52.4

Note:—Excludes deaths within one week of first observation or hospital discharge.

THE INCREASING LONGEVITY OF DIABETICS

Experience of George F. Baker Clinic, Boston Massachusetts, 1897 to 1945



Excludes deaths within one week of first observation or hospital discharge

Analysis by Metropolitan Life Insurance Company

to reach his 55th birthday. Thirty years ago the chances were against his surviving to age 15. Although the increase in expectation is less with advancing age, it is nevertheless substantial well past middle age. Even at 50, the expectation of life has practically doubled since the earliest years covered by the experience of the George F. Baker Clinic.

Analysis of the causes of death among diabetics in this experience shows further what insulin and other advances in the treatment of diabetes have accomplished. Before insulin, diabetic coma snuffed out the lives of practically every diabetic child and of many diabetic adults. The death rate in recent years from this cause is 99 percent less than in pre-insulin days. The mortality from gangrene, which was a frequent cause of death of diabetics in earlier years, has been reduced nearly 60 percent. The mortality from infections, to which diabetics are particularly susceptible and which in pre-insulin days were highly fatal, has likewise been cut radically: the death rate from pneumonia to one sixth of the pre-insulin rate, and from tuberculosis to one eighth. Diabetics have benefited greatly from the new chemotherapy which has been instrumental in lowering the mortality from infections, notably surgical infections, and has made surgery for diabetics generally much safer. Furthermore, thanks to sulfa and

penicillin and to new methods for testing the adequacy of circulation in the affected limb, the need for major amputations for diabetic gangrene is often obviated. The chief causes of death which show little or no reduction in mortality are the cardiovascular-renal diseases and cancer, but this is not surprising in view of the similar trends in the general population and in view of the increasing average age of the diabetic patients in this experience.

The steady improvement in the outlook for diabetes in the insulin period reflects the development of new and improved types of insulin and increasing skill in their use. The development of insulin necessitated careful restudy of the role of diet in the management of the disease, and even the diabetics who do not require insulin have benefited from the knowledge thus gained. Generally, diabetic diets are more generous than they were and more nearly approximate the normal diet.

Despite the very satisfactory improvement in the prognosis for diabetics demonstrated by this experience, further substantial gains can be achieved. The length of life of patients in this experience is, at every age, still about one fourth less than that of the general population. For the diabetic population as a whole, the comparison with the general population is even less favorable, because large numbers of diabetics are not getting the benefits of modern management of the disease. Consequently, there are far too many preventable or premature deaths from coma, gangrene, infections, and degenerative diseases. There is great need for post-graduate education of physicians in up-to-date methods of treatment of the disease as well as for education of diabetic patients in the fundamentals of their condition. Once acquired, diabetes is, in practically every case, a lifelong disease. Perhaps in no other chronic disease is a program of education of the patient so vital to his welfare. The diabetic benefits much from thorough training in the details of his diet and, for those needing insulin, in the use of the drug. He must also be made to appreciate the need of periodical medical supervision. Fortunately, the activities of the American Diabetes Association and the recently established Office of Diabetes of the U. S. Public Health Service, are giving impetus to the better education of physician and patient.

Occupational Differences in Mortality*

A RECENTLY completed study of mortality by occupation among white male Industrial policyholders of the Metropolitan Life Insurance Company during the pre-war period, 1937-1939, offers some striking evidences of the effects of occupational exposure on mortality.

Death rates for specific occupations and for individual causes of

*Abstracted from "Occupational Mortality Experience of Insured Wage-Earners" by Louis I. Dublin and Robert J. Vane, Monthly Labor Review, Vol. 64, page 1003, June 1947.

death were not available for the study. This is regrettable since they would furnish the most direct measure of occupational differences and indicate those occupations with specific accident or disease problems which may require further investigation. Lacking the more direct information, the method of proportionate mortality was used to find out for each occupation the part that any cause played in its total mortality. This method is best explained by an example: The total deaths among all occupied males 15 to 64 years of age in this experience during 1937-1939 were 85,905. Of these, 7.86 percent, or 6,753 in all, were from tuberculosis. If in a total of 85,905 deaths from all causes, there occurred at each age the proportion of tuberculosis deaths actually observed among *tailors* of the same age, there would be in all 7,835 such deaths. This is 116 percent of the 6,753 deaths actually occurring in the total employed group. This ratio of 116 percent is called the "standardized relative index of mortality" from tuberculosis among tailors in this experience. Corresponding indexes for the chief causes of death for selected occupations are given in the table on page 10.

A review of the data of the study, only a part of which is reproduced in the table, shows that occupations listed according to their standardized relative index for a particular cause of death frequently fell into groups characterized by similar hazards.

Thus, occupations showing very high indexes of mortality from tuberculosis are often characterized by exposure to silica dust. In this experience the small group of sandblasters had the highest standardized relative index (549); they were followed by stonecutters (396); and underground miners, excluding coal miners (284). Many of the these metal miners are exposed to high concentrations of silica dust. This substance probably played some part, also, in the high index of deaths from tuberculosis among pottery workers (330) and iron foundry workers (162). A high index based, it is true, on a small number of deaths, was recorded for metal grinders (218).

Occupations with a very high mortality from pneumonia usually reflect hazards from heat, dust, or fumes. Welders had the highest standardized relative index of mortality from this cause (244); next were iron and steel foundry operatives (188). Three other occupations having high relative mortality, but with indexes based on comparatively small numbers of deaths, were underground miners, excluding coal miners (153), pottery operatives (146), and buffers and polishers of metal (139). A high index was also recorded for automobile factory operatives (145).

As to accidents, the listing of occupations according to their standardized indexes shows electric light and power linemen to be first, with an index of 374. Several occupations in the building trades were high on the list also. Structural iron paint-

STANDARDIZED RELATIVE INDEX OF MORTALITY FROM SELECTED CAUSES IN SPECIFIED OCCUPATIONS. WHITE MALES, AGES 15 TO 64 YEARS, METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT, 1937–1939

OCCUPATION	STANDARDIZED RELATIVE INDEX							
	Respiratory Tuberculosis	Pneumonia, All Forms	Cancer, All Forms	Principal Cardiovascular-renal Diseases	Organic Diseases of the Heart	Nephritis, Acute and Chronic	Cerebral Hemorrhage, Apoplexy and Paralysis	Accidental or Undefined Violence
Bakers	109	97	99	91	108	120	50	81
Barbers and hairdressers	112	66	85	117	120	93	124	45
Blacksmiths	67	137	103	93	81	120	113	138
Brick and stone masons	107	94	155	88	88	67	95	137
Builders and building contractors	72	125	69	105	96	112	132	171
Butchers and meat cutters	124	131	90	96	89	112	90	81
Carpenters and cabinet makers	94	91	120	90	90	74	123	126
Chauffeurs	100	88	90	97	96	82	86	126
Clerks, bookkeepers and office assistants	117	96	91	113	110	126	100	63
Coal Miners (underground)	88	111	76	82	101	87	76	207
Anthracite	99	136	69	85	115	80	61	184
Bituminous	65	69	88	78	78	100	101	248
Compositors, printers and pressmen	115	90	102	106	110	110	110	67
Cooks, hotel and restaurant	133	118	119	78	64	—	—	59
Cotton and woolen mill operatives	91	81	95	106	98	130	186	98
Cotton mill	89	86	75	113	103	156	227	96
Woolen mill	87	—	139	92	89	75	97	105
Drinking establishments—proprietors and bartenders	110	115	95	81	90	88	63	71
Electricians	74	108	98	106	100	107	83	138
Farmers and farm laborers	96	91	93	94	93	98	123	125
Firemen (city)	—	58	100	125	111	131	129	112
Fishermen, seamen and other marine workers	82	99	78	80	77	73	99	203
Hucksters, peddlers and junk dealers	129	107	76	95	112	63	84	134
Iron and steel foundry operatives (not elsewhe e classified)	162	188	94	79	84	94	77	101
Iron and steel mill operatives	76	133	103	92	88	62	96	117
Janitors and porters (exc. stores and steam R.R.)	111	96	104	101	112	96	83	78
Laborers	124	111	104	89	94	97	91	112
Machinists	91	105	109	103	88	111	134	88
Mechanics (exc. auto mechanics)	99	99	109	106	99	110	121	103
Merchants and storekeepers	67	88	99	115	101	137	119	63
Miners (underground, exc. coal miners)	284	153	82	60	90	—	—	159
Painters and varnishers (house, shop, etc.)	123	102	95	98	95	100	102	109
Plumbers, steamfitters and gas fitters	138	113	110	95	93	106	71	89
Policemen, marshals, sheriffs	71	54	87	109	102	102	73	121
Railway enginemen and trainmen	44	50	100	104	80	103	105	224
Stationary engineers and firemen	65	81	108	100	104	102	98	134
Store clerks and salesmen	106	85	98	111	109	103	95	77
Tailors and other clothing workers	116	98	98	106	103	82	90	60
Watchmen and guards (exc. prison guards)	62	89	95	113	113	95	104	121

ers, bridge painters, and steeplejacks, with an index of 365 (based on 14 deaths) were second only to power linemen; building wreckers, 296 (based on 14 deaths) were third; and structural iron workers, 271, fifth. Lumbermen and loggers ranked fourth with an index of 286. Other occupations for which the proportionate mortality from accidents was more than twice that for all occupied males included quarrymen, railway enginemen and trainmen, roofers and slaters, coal miners, and fishermen, seamen and other marine workers.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for July 1947 and July 1946, together with the death rates for the first seven months of 1947, 1946, and 1945.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	July 1947	July 1946	Year to Date: End of July		
			1947	1946	1945
ALL CAUSES—TOTAL	700.0	687.6	751.9	793.2	890.4
—Excluding war deaths	*699.3*	*682.8*	*751.1*	*774.0*	*767.3*
Typhoid fever	0.2	0.4	0.2	0.2	0.3
Measles	.4	.6	.2	.9	.2
Scarlet fever	.1	.1	‡	.2	.3
Whooping cough	.3	.4	.5	.7	.8
Diphtheria	.5	.4	.6	.6	.8
Influenza	1.0	1.1	3.9	6.5	3.9
Pneumonia (all forms)	16.8	19.4	26.4	30.5	31.3
Tuberculosis (all forms)	34.6	35.9	35.3	39.0	38.3
Tuberculosis of respiratory system	30.7	32.4	32.0	35.3	34.6
Syphilis	7.1	7.9	8.0	8.5	8.7
Acute poliomyelitis	.3	.5	.3	.2	.3
Cancer (all forms)	116.4	114.1	120.1	115.1	112.8
Diabetes mellitus	24.9	21.2	27.1	28.1	26.3
Cerebral hemorrhage	62.4	63.0	70.4	70.8	69.2
Diseases of the coronary arteries and angina pectoris	80.2	63.2	79.8	72.9	68.7
Other chronic heart diseases†	144.0	136.8	168.1	173.5	166.1
Diarrhea and enteritis	2.4	2.4	2.9	2.6	3.1
Appendicitis	3.4	4.1	3.1	3.6	4.9
Chronic nephritis	37.4	38.5	42.9	44.8	46.5
Puerperal state—total	3.8	2.8	3.3	3.0	3.6
Suicides	6.7	6.2	7.0	7.4	6.1
Homicides	4.3	2.8	3.8	4.0	3.1
Accidents—total	51.1	51.9	44.0	49.5	55.7
Home accidents	6.8	8.8	10.4	11.2	10.6
Occupational accidents	5.3	4.7	5.3	4.7	5.1
Motor vehicle accidents	16.0	14.7	14.8	15.6	12.9
War deaths (enemy action)	.7	4.8	.8	19.2	123.1
All other causes of death	101.0	109.1	103.0	111.5	116.4

*The rates for 1947 and 1946 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.
†International List (1940) titles 92, 93 (c), (d), (e), and 95. ‡Less than 0.05 per 100,000.

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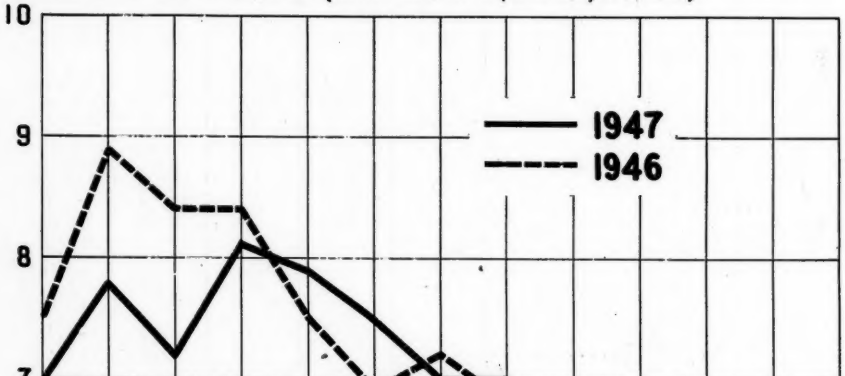
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (*1946 and 1947 figures are provisional*)



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1946	8.9	8.4	8.4	7.5	6.9	7.2	6.8	6.4	6.5	6.8	6.8	7.0
1947	7.8	7.2	8.1	7.9	7.5	7.0	7.0					

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